



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent	May 10 to County Superintendent
	February 15 to State Superintendent	May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
41 Ravalli		0731 Corvallis K-12 Schools						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	1	1	34.6	1.57	72	None	_____	_____	
100	1	10	30.2	1.80	84	None	_____	_____	
100	1	11	32.2	1.80	84	None	_____	_____	
100	1	112d	74	0.95	18	08/23/04	_____	_____	
100	1	12a	86.2	0.95	18	08/23/04	_____	_____	
100	1	12b	72.8	0.95	18	08/23/04	_____	_____	
100	1	12c	92.8	0.95	18	08/23/04	_____	_____	
100	1	12d	74.4	0.95	18	08/23/04	_____	_____	
100	1	12e	77.7	0.95	18	08/23/04	_____	_____	
100	1	13	28.8	1.80	84	None	_____	_____	
100	1	2	39.2	1.57	71	08/23/04	_____	_____	
100	1	3	40.7	1.80	84	None	_____	_____	
100	1	4	42.6	1.80	84	None	_____	_____	
100	1	5	41.6	1.57	71	None	_____	_____	
100	1	6	42	1.80	84	None	_____	_____	
100	1	7	25.8	1.57	72	None	_____	_____	
100	1	8	34.4	1.80	84	None	_____	_____	
100	1	9	32.8	1.80	84	None	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:		

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
41 Ravalli		0732 Stevensville Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
55	2	1	54.4	1.80	88	08/27/04	_____	_____
55	2	10	44.2	1.57	72	07/13/04	_____	_____
55	2	11	34	1.80	88	08/23/04	_____	_____
55	2	2	44.6	1.57	71	07/13/04	_____	_____
55	2	3	53.2	1.57	71	07/13/04	_____	_____
55	2	4	44	1.57	72	07/13/04	_____	_____
55	2	5	44.2	1.57	72	08/23/04	_____	_____
55	2	6	50	1.80	88	07/13/04	_____	_____
55	2	7	41.2	1.57	78	08/23/04	_____	_____
55	2	8	49.6	1.80	84	08/23/04	_____	_____
55	2	9	29.6	1.57	72	08/23/04	_____	_____
100	2	tu-th pre-school	80	0.95	48	07/13/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
41 Ravalli		0733 Stevensville H S					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
45	2	1	54.4	1.80	88	08/27/04	_____	_____
45	2	10	44.2	1.57	72	07/13/04	_____	_____
45	2	11	34	1.80	88	08/23/04	_____	_____
45	2	2	44.6	1.57	71	07/13/04	_____	_____
45	2	3	53.2	1.57	71	07/13/04	_____	_____
45	2	4	44	1.57	72	07/13/04	_____	_____
45	2	5	44.2	1.57	72	08/23/04	_____	_____
45	2	6	50	1.80	88	07/13/04	_____	_____
45	2	7	41.2	1.57	78	08/23/04	_____	_____
45	2	8	49.6	1.80	84	08/23/04	_____	_____
45	2	9	29.6	1.57	72	08/23/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

**DUE
DATES:**

First Semester
February 1 to County Superintendent
February 15 to State Superintendent

Second Semester
May 10 to County Superintendent
May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
41 Ravalli		0735 Hamilton K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	3	1	35	1.57	71	08/18/04	_____	_____
100	3	2	40	1.57	71	08/18/04	_____	_____
100	3	3	29	1.57	71	08/18/04	_____	_____
100	3	4	34	1.57	72	08/18/04	_____	_____
100	3	5	36	1.57	78	08/18/04	_____	_____
100	3	6	42	1.57	72	08/18/04	_____	_____
100	3	7	66	1.80	84	08/18/04	_____	_____
100	3	8	71	1.80	84	08/18/04	_____	_____
100	3	9	22	1.80	84	08/18/04	_____	_____
100	3	pre	50	0.00	10	08/18/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
41 Ravalli		0738 Victor K-12 Schools					High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	7	1	41	1.57	72	08/28/04	_____	_____
100	7	2	33.6	1.36	66	08/28/04	_____	_____
100	7	3	39	1.36	66	08/28/04	_____	_____
100	7	4	40	1.57	71	08/28/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for
State Reimbursement for
School Bus Transportation

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
41 Ravalli		0740 Darby K-12 Schools						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	9	1	113.2	1.80	84	08/25/04	_____	_____	
100	9	2	49	1.80	84	08/25/04	_____	_____	
100	9	3	54.4	1.80	84	08/25/04	_____	_____	
100	9	4	36.6	1.80	84	08/25/04	_____	_____	
100	9	5	109.2	1.80	84	08/25/04	_____	_____	
100	9	6	39	1.80	84	08/25/04	_____	_____	
100	9	Kinder	34	1.80	84	08/25/04	_____	_____	



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date		Signature, Chair, Board of Trustees						
County:		District:					District Level:	
41 Ravalli		0741 Lone Rock Elem					Elementary	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
100	13	1	47.8	1.57	72	08/28/04	_____	_____
100	13	2	40	1.80	88	08/28/04	_____	_____
100	13	3	33.4	1.80	84	08/28/04	_____	_____



Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

**School District Claim for
State Reimbursement for
School Bus Transportation**

State ☐
District ☐
County ☐

DUE DATES:	First Semester	Second Semester
	February 1 to County Superintendent February 15 to State Superintendent	May 10 to County Superintendent May 24 to State Superintendent

COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:

This claim is for the period beginning _____, 20____ and ending _____, 20____.
month day month day

CERTIFICATION:

The information on this form is complete and accurate to the best of my knowledge.

Date	Signature, Chair, Board of Trustees								
County:	District:						District Level:		
41 Ravalli		0743 Florence-Carlton K-12 Schls						High School	
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #	
100	15-6	1	34	1.36	66	08/28/04	_____	_____	
100	15-6	10SE	45	0.95	23	08/28/04	_____	_____	
100	15-6	11	18	1.57	71	08/28/04	_____	_____	
	15-6	12	16	1.57	72	08/28/04	_____	_____	
100	15-6	13	33	1.57	71	08/28/04	_____	_____	
100	15-6	2	25	1.36	66	08/28/04	_____	_____	
100	15-6	3	34	1.57	72	08/28/04	_____	_____	
100	15-6	4	22	1.57	71	08/28/04	_____	_____	
100	15-6	5A	30	1.57	71	08/28/04	_____	_____	
100	15-6	6	12	0.00	66	08/28/04	_____	_____	
100	15-6	7	32	1.57	72	08/28/04	_____	_____	
100	15-6	8	27	1.57	71	08/28/04	_____	_____	
100	15-6	9	23	1.36	66	08/28/04	_____	_____	